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BOX PATENT APPLICATION ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231 Express Mail No.: EL674751683US

Attorney Docket No.: 2002906-0002 (Duke No.1681)

Date Filed: August 16, 2001

UTILITY PATENT APPLICATION TRANSMITTAL

(for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle)

Family Name or Surname

Residence

Shannon	Mitchell	Durham, NC	
Jennifer	Koh	Irvine, CA	
Vikas	Prabhaker	Durham, NC	
Laura	Niklason	Hillsborough, NC	

<u>Title of the Invention</u>: DECELLULARIZED TISSUE ENGINEERED CONSTRUCTS AND TISSUES

A) <u>APPLICATION ELEMENTS</u>:

1) ___ Fee Transmittal Form (original and duplicate submitted for fee processing)

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2) X Applicant Claims Small Entity Status (see 37 CFR 1.27)			
a) X Statement Verifying Small Entity	Status (optional)		
-Descriptive Title of the Invention -Government Support -Cross References to Related Applications -Background of the Invention -Summary of the Invention -Definitions -Brief Description of the Drawing -Detailed Description Of Certain Preferred -Examples -Claim(s) -Abstract of the Invention		76	
4) X Drawing(s) (35 U.S.C. § 113)	TOTAL SHEETS:	9	
a) Formal Drawings (if checked)			
5) X Oath or Declaration	TOTAL PAGES:	3	
a) Newly Executed (original or cop	y)		
b) Copy from a prior application (3 continuation/divisional application			
i) <u>Deletion of inventor(s)</u> : Signed in the prior application, see 37 C	Statement deleting inventor(C.F.R §§ 1.63(d)(2) and 1.33(s) named b).	
c) X Unexecuted			
6) Application Data Sheet. See 37 CFR 1.	76.		
7) CD-ROM or CD-R in duplicate, large (Appendix) with Transmittal	e table or Computer Pro	ogram	
8) Nucleotide and/or Amino Acid Sequent necessary)	nce Submission (if appli	cable, all are	
a) Computer Readable Form (CRF)			
b) Specification Sequence Listing or	n:		
i) CD-ROM or CR-R (2 copi	es); or		

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	ii) Paper	•	
	c) Statements ve	erifying identity of al	bove copies
B) <u>A</u>	CCOMPANYING APPLICAT	TION PARTS:	
	9) Assignment Pape	rs (cover sheet & doo	cument(s))
	10) 37 C.F.R. § 3.73(b)) Statement (when the	here is an assignee)
	11) X Power of Attorney	y	
	12) English Translation	on Document (if app	plicable)
	13) Information Discl	osure Statement (II	OS)/PTO-1449
	14) Copies of IDS Cita	ntions	
	15) Preliminary Ame	ndment	
	16) X Return Receipt P	ostcard (MPEP 503	s) (specifically itemized)
	17) Certified Copy of	f Priority Document	t(s) (if foreign priority is claimed)
	18) OTHER: (if appli	cable, specified belo	w)
C) inform	FOR CONTINUING APPLIC nation is provided below and	CATIONS: (the appoint a preliminary ame	propriate box is checked, and certain ndment)
	CONTINUATION	DIVISIONAL	CONTINUATION-IN-PART (CIP)
	OF PRIOR APPLICATION NO:		
	FILED:		
	EXAMINER:		
	GROUP/ART UNIT:		
	THE PRIOR APPLICATION, FROM	M WHICH AN OATH OR RED A PART OF THE D	NS ONLY: THE ENTIRE DISCLOSURE OF DECLARATION IS SUPPLIED AS ISCLOSURE OF THE ACCOMPANYING HEREBY INCORPORATED BY

Express Mail No.: EL674751683US Date Filed: August 16, 2001

REFERENCE.

D.) PRIORITY CLAIM(S):

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

Application Number	Filing Date	Status
Application Number	Filing Date	Status
Application Number	Filing Date	Status
PCT Applications designating the l	Jnited States:	
Application Number	Filing Date	Status
This application claims the benefit States provisional application(s) lis		ode, §119(e) of any United
Provisional Application(s):		
60/225,698	8/16/2000	Pending
Application Number	Filing Date	Status
E) METHOD OF PAYMENT OF	FILING FEES FOR THIS APP	LICATION:
Applicant claims sm	all entity status 37 CFR 1.27	
X A check is enclosed	to cover the filing fees as determ	nined on the fee

Total filing fee amount \$ __2554.00

X The commissioner is hereby authorized to charge filing fees or credit any overpayment to deposit account number 03-1721.

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transmittal enclosed herewith.

F) CORRESPONDENCE ADDRESS:

- X Customer Bar Code Label: _____
- X Correspondence Address:

Monica R. Gerber, M.D., Ph.D. Choate, Hall & Stewart 53 State Street Exchange Place Boston, MA 02109 phone: (617) 248-5000

fax: (617) 248-4000

Respectfully Submitted,

Monica R. Gerber, M.D., Ph.D.

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